The Arizona Prescription Drug Misuse and Abuse Initiative

A Top Down Meets Bottom Up Collaboration to Address the Rx Drug Epidemic



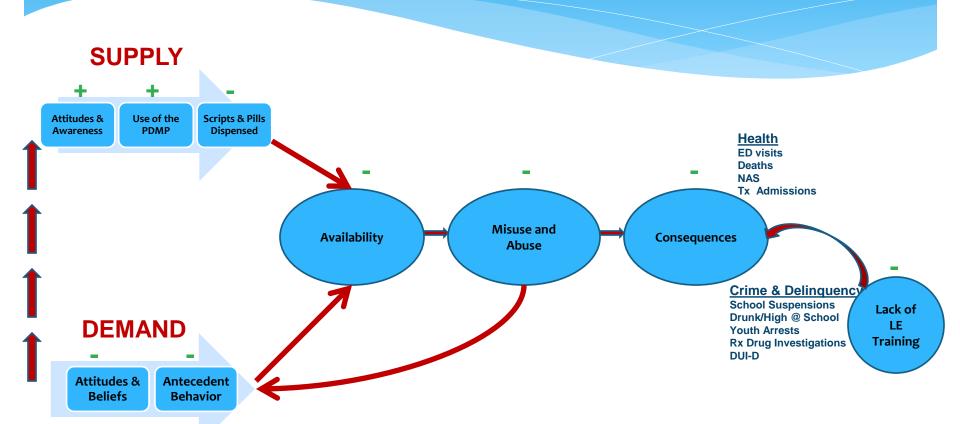
Shana Malone

Arizona Criminal Justice Commission

February 25, 2014

Conceptual Framework

Expected Increases (+) and Decreases (-)

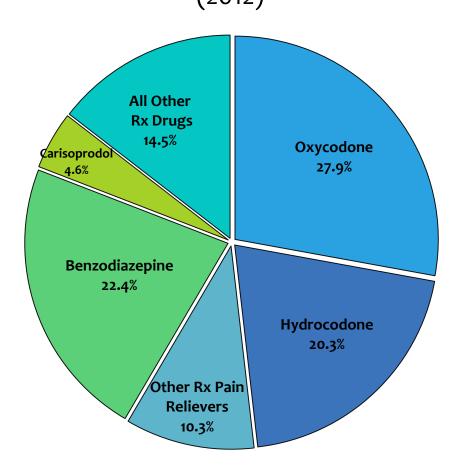


Social Acceptance Perceived Low Risk Expectations of Health Consumer Unsafe Storage & Disposal Sharing Scripts Lack of Resistance Strategies Lack of Parent-Child Communication

The Problem?

Percentage of Pills by Drug Type in Arizona (2012)

- ~ 585 million Class II-IV pills were prescribed in Arizona in 2012
- •Pain Relievers had the highest % of scripts, pills and average number of pills per day; accounting for 58.5% of all pills prescribed
- •Hydrocodone and Oxycodone accounted for 82.4% of all pain relievers prescribed in Arizona
- •Why it matters = probability and access!

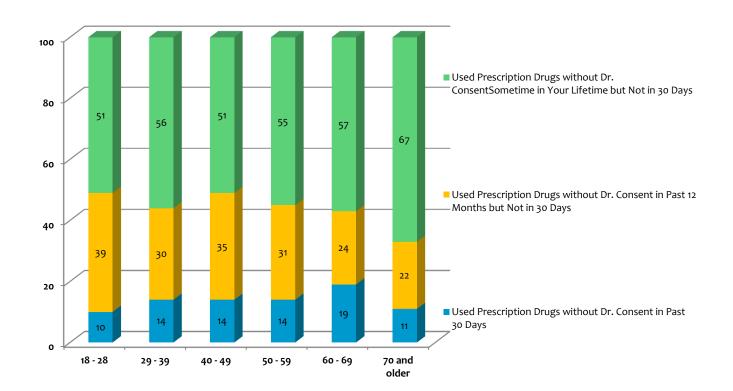


Who Is It Affecting?

ARIZONA ADULTS

In 2010, ~50% of adults reported Rx drug misuse in the past 12 months and 13% reported misuse in the past 30 days

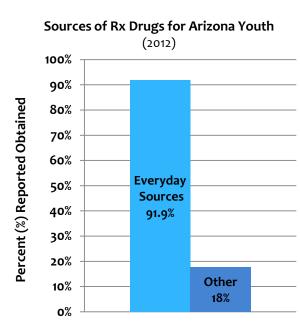
• 47% of Rx abusers reported misusing Pain Relievers, 32% Sedatives and 3.3% Stimulants



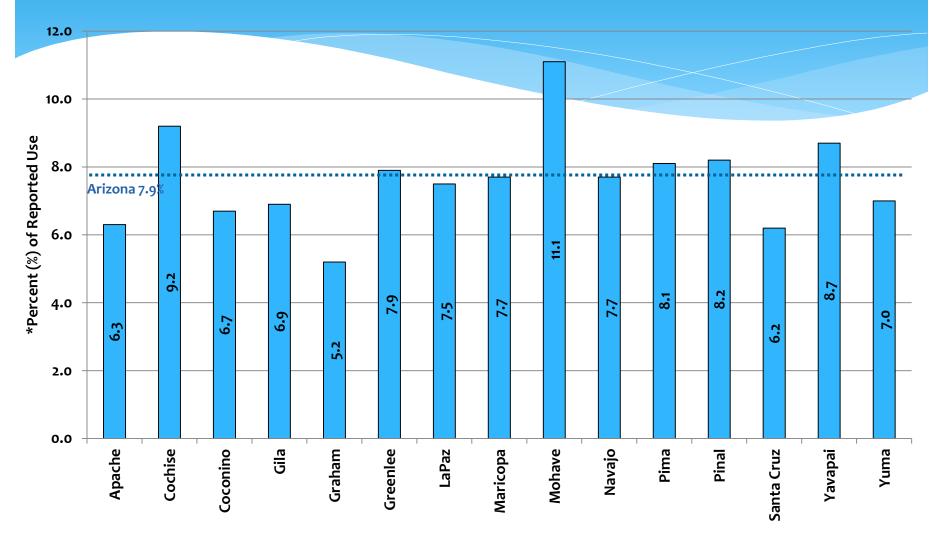
Who Is It Affecting?

ARIZONA YOUTH

- * In 2012, 7.9% of AZ youth reported current Rx drug misuse (the most commonly used substance after alcohol, tobacco and marijuana)
 - * Though a moderate decrease occurred between 2010 and 2012, Arizona remains the 6th highest state in the country for Rx drug misuse among individuals 12+ years
 - * While rates of Rx type use were comparable to national levels for Sedatives and Stimulants, Arizona youth in all grades reported higher rates of Pain Reliever misuse
 - * The majority of youth (91.9%) reported obtaining them from everyday sources (e.g. friends and family/home)



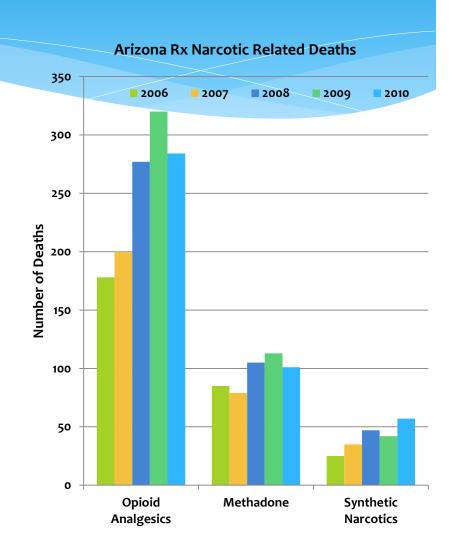
Percentage of Youth Current (30 Day) Rx Drug Misuse and Abuse (2012)



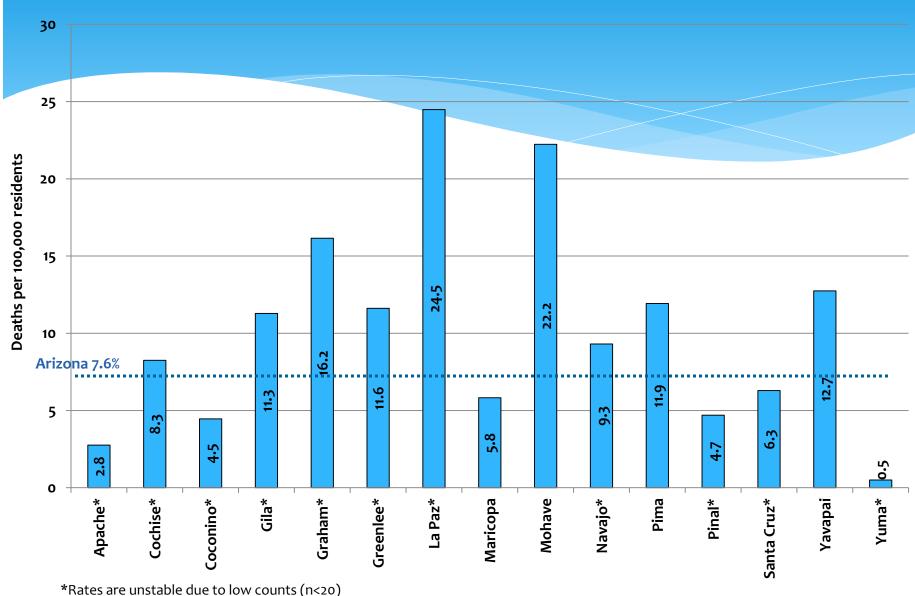
^{*}Y-axis altered for visual purposes; accurate representation is out of 100%

What Is It Costing Us?

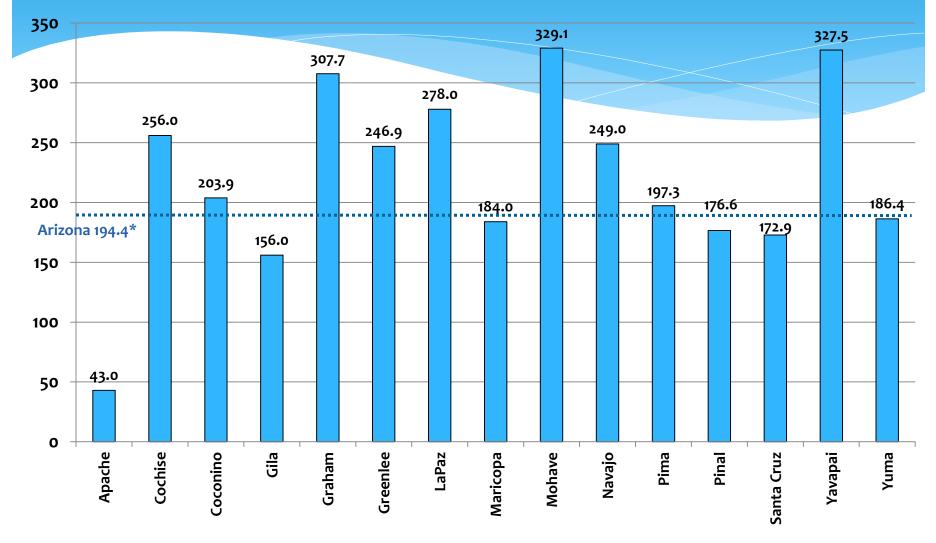
- * Mortality & Morbidity
 - Opioid-related cases in the ED have consistently increased
 - * An 86% increase between 2008-2011
 - * 490 **deaths** involved Rx narcotic drugs in AZ in 2010 (A 53.5% increase between '06-'10)
 - * 11% were youth & young adults between 15-24 years
 - Opioid Analgesics accounted for 64.3%
- Increase in Crime
- * Increase in DUI-D
- * Increase in babies born with NAS



Arizona Fatalities with Prescription Opioids as a Contributing Factor by County (2010)

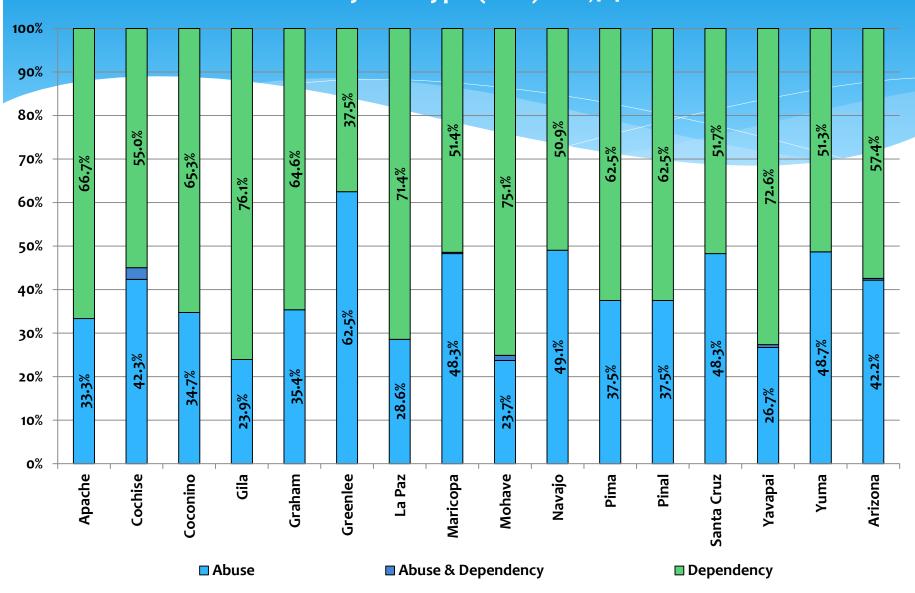


Age-Adjusted Non-Fatal Poisoning-Related Emergency Department Visits by County, Arizona 2011 (n=12,513*)



^{*}Excludes 3 individuals with unknown county information; Arizona rate not age-adjusted

Arizona Opioid-Related Emergency Department Visits by County and Type (2011) n=8,748

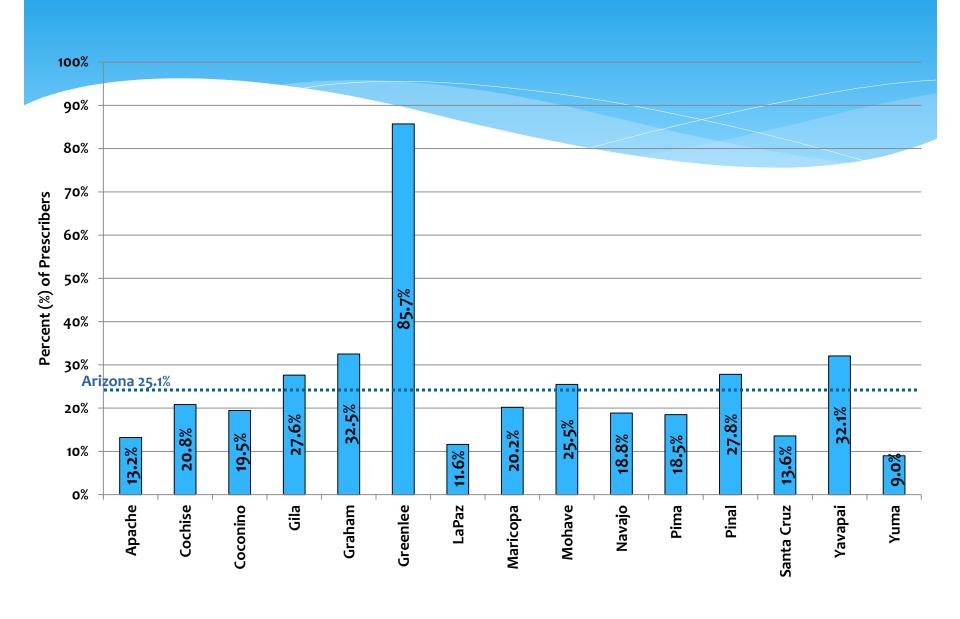


What Is Amplifying The Problem?

i.e., What Can We Change?

- Social acceptance and the perception of "safety" by parents, youth, health consumers and some medical professionals
 - * Lack of proper disposal and storage
 - * Lack of understanding about risks
 - Lack of resilience skills
- * Only 25% of AZ prescribers are using the Prescription Drug Monitoring Program (PDMP) as low as 9% of prescribers in some counties
- * Imbalanced dose: diagnosis correspondence (e.g., 60 count Oxycodone 30mg for wisdom teeth removal)
- * Lack of education and inconsistent prescribing guidelines for Rx narcotics prescribers were told a little over a decade ago that they weren't assessing pain well enough
- Unrealistic expectations of the Health Consumer for zero pain and immediate gratification

Percentage of Prescribers Signed Up to Use the PDMP



FINDING A SOLUTION

The Arizona Rx Drug Misuse and Abuse Initiative

A Multi-Systemic Approach:

Medical/Treatment, Law Enforcement and Prevention

Initiative Ontology

- * ASAP
 - Leveraging existing resources
 - Data-driven-decision-making
- * Expert Panel
 - * Public Health vs. Public Safety: a multi-systemic approach
- * Coalitions, Task Groups and Local Champions
 - * The vehicles of change
 - * "Home Grown" or "Backyard" approach

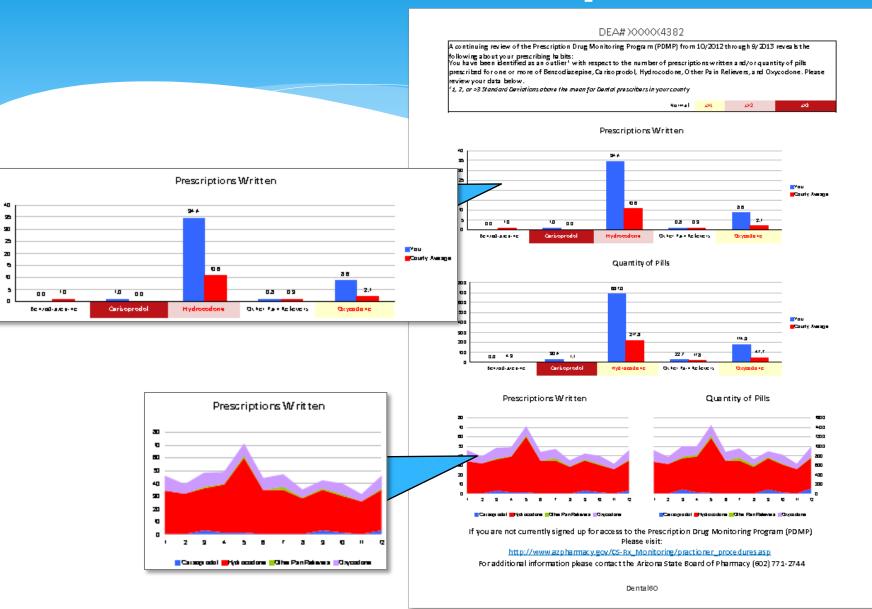
The Strategies

- 1. Reduce Illicit Acquisition and Diversion of Rx Drugs
- Promote Responsible Prescribing and Dispensing Policies and Practices
- 3. Enhance Rx Drug Practice and Policies in Law Enforcement
- 4. Increase **Public Awareness** and **Patient Education** about Rx Drug Misuse
- 5. Enhance Assessment and Referral to Treatment

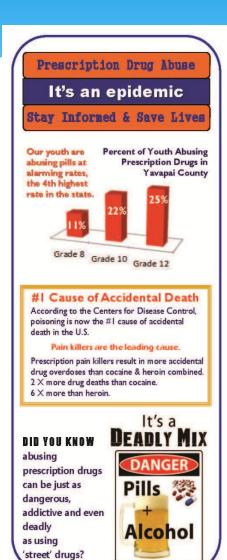
Strategies

METHOD	MODE # Reached and Type Used for Process Evaluation
	Education & Training
Promote PDMP Sign Up & Use	Report Cards
	Email Blasts
	Certificate Awards
	Letters
	Door-to-Door
Promote Proper Storage and Disposal Methods	Education & Training (Rx360 Curriculum)
	Permanent Drop Boxes and Take-Back Events
	Media
	Community Events
	Patient Handouts
Promote Responsible Prescribing	Education & Training
	Best Practice Consensus Meetings and Documents
	Board and Professional Organization Endorsement
	Email Blasts
	Report Cards
Enhance Law Enforcement Practices	Education & Training (Rx Drug Crimes Curriculum)
	Efficient Reporting System
Increase Public Awareness and Patient Education	Parent and Youth Education & Training (Rx360 Curriculum) - Risks and resistance strategies
	Patient Education - risks and benefits; adherence to treatment; pain management expectations; available alternatives
	Media
	Community Events
Enhance Assessment and Referral to Treatment	Education & Training

PMDP Prescriber Report Card

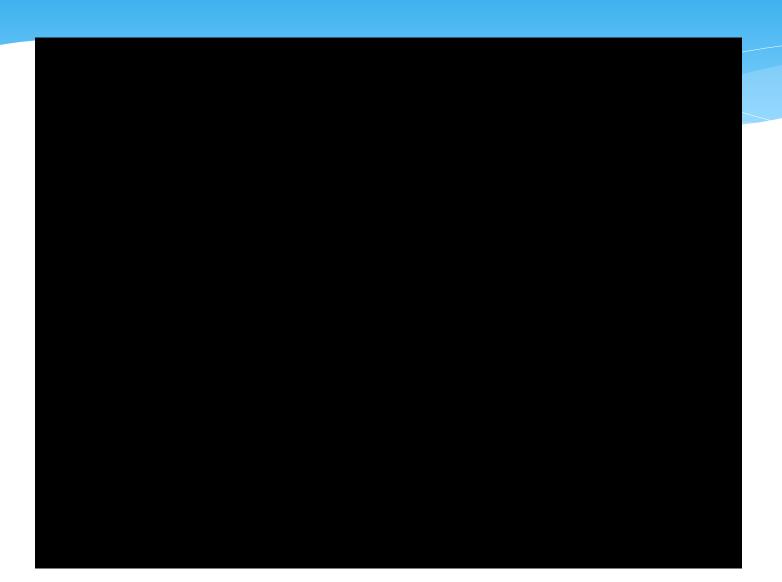


Raising Awareness

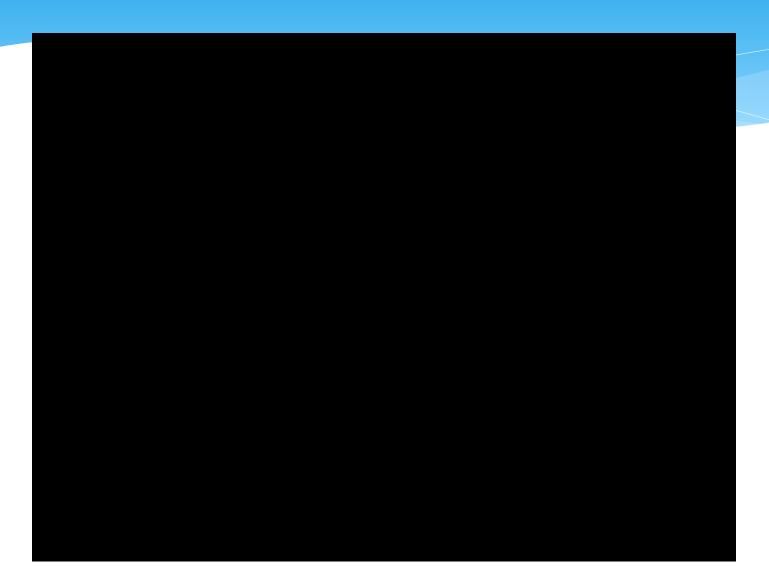




Raising Awareness



Raising Awareness



PDMP Sign Up

Rx Pain Relievers accounted for 61.3% of all pills prescribed in Pinal County.

1 in 7 Pinal County 12th graders reported current pain reliever prescription misuse.

Data Source: Arizona Criminal Justice Commission

Using the CSPMP Can Help Save Lives!

Registration:

A.R.S. § 36-2606 requires each <u>medical practitioner</u> who is licensed under Title 32 and who possesses a DEA license to register with the Controlled Substance Prescription Monitoring Program (CSPMP). **Each DEA license should have an associated registration.** There is <u>NO</u> fee to the practitioner for this registration.



Accessing the Data:

The Arizona State Board of Pharmacy CSPMP system grants access accounts to practitioners and pharmacists so that they may look up, view, and print controlled substance dispensing information on their specific patients. The process has recently (December 2013) been streamlined into a ten-minute registration. Go to www.azpharmacy.gov/pmp to register.



Partnering for a safe and drug-free community.

P.O. Box 11043 Casa Grande, AZ 85130 | 520-836-5022

CasaGrandeAlliance@gmail.com | www.CasaGrandeAlliance.org



PDMP Sign Up

Sign Up to Sare Lives

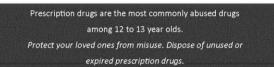
MATFORCE is encouraging physicians and pharmacists to register for the Controlled Substances Prescription Monitoring Program matforce.org

MATFORCE

Working together to reduce substance abuse

Storage and Disposal





GRAHAM COUNTY

Safford Police Dept. 525 10th Avenue Safford, Arizona Thatcher Police Dept. 3700 W. Main Street Thatcher, Arizona

Graham County Sheriff's Dept. 523 S. 10th Avenue Safford, Arizona

> Pima Police Dept. 136 W. Center Street Pima, Arizona

GREENLEE COUNTY

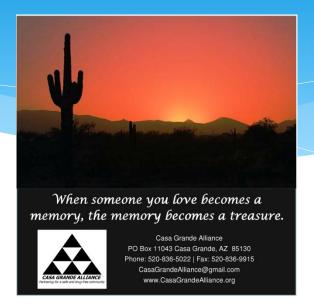
Clifton Police Dept. 520 N. Coronado Blvd Clifton, Arizona

Gila Health Resources 401 Burro Alley Morenci, Arizona

Duncan Community Health Center 227 Main Street Duncan, Arizona

Items NOT accepted include: creams, lotions, ointments, aerosols,

liquids, inhalers, thermometers, hydrogen peroxide, needles or sharps



We are so sorry for your loss.

There are many things you are now going to have to do, so here is one less thing for you to worry about.

How to dispose of unused or expired medication

CASA GRANDE:

Casa Grande Police Dept. 373 E. Val Vista Blvd.

520 N. Marshall Street

ELOY:

Eloy Police Dept. 630 N. Main Street

COOLIDGE:

Coolidge Police Dept. 911 S. Arizona Blvd.

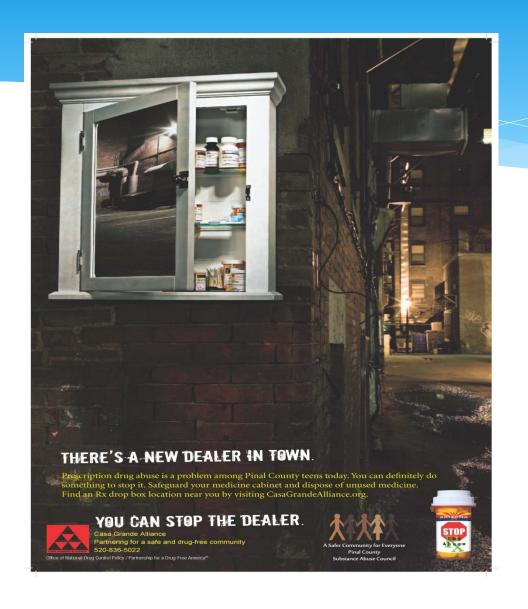
FLORENCE:

Florence Police Dept.
425 N. Pinal Street
Pinal County Sheriff's Office
971 Jason Lopez Circle, Bldg. C

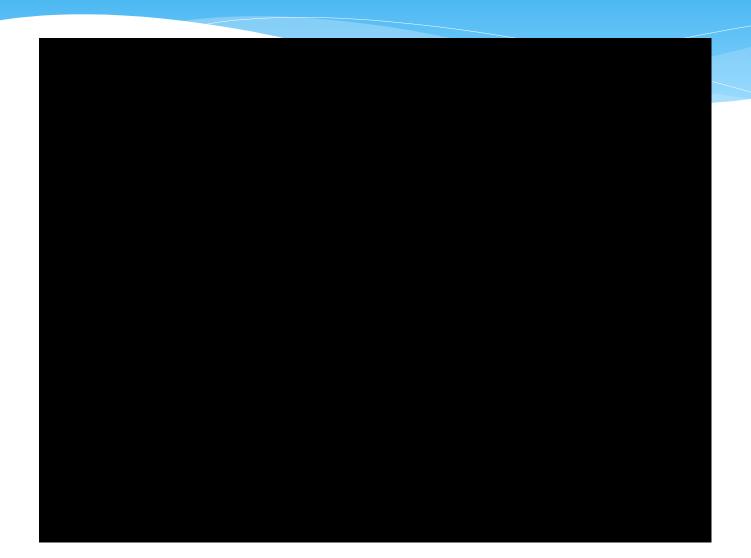
For more information visit www.CasaGrandeAlliance.org or call 520-836-5022.



Storage and Disposal



Safe Storage



Preliminary Evaluation Results

Breadth, Depth and Efficacy

Did We Change Knowledge, Attitudes, Awareness, Beliefs and BEHAVIOR?

Process Evaluation Highlights

- * 34 drop boxes are operational in the pilots and ten take-back events have been held, collecting over 7,000 lbs of unused/unneeded Rx
- * 5 of 6 hospitals are implementing ED Guidelines
- * Over 1,400 prescribers are receiving quarterly report cards
- * 147 professionals have received comprehensive Best Practice training or door-to-door approach
- * 201 Law Enforcement Officers have received Rx Crimes curriculum
- * ~9,000 youth and 900 adults have received the Rx360 curriculum
- * ~54,000 people have been reached via community events
- Over 353,000 people have been reached via public messaging and media methods

The Supply Side

- * PDMP sign up has increased 71% in our pilot counties
- * PDMP use has increased (as high as 60% in one county)
- * Number of **prescriptions and pills** for Oxycodone, Hydrocodone, Other Pain Relievers, Benzodiazepine, and Carisoprodol **have decreased**
- * The percentage of doctors deemed "outliers" (>1 SD above the mean) has decreased

The Demand Side

- * Public Awareness of the Rx problem increased
- * Awareness of the risks of Rx misuse and abuse increased
- * Knowledge of proper storage and disposal increased
- * Parents became more aware of the importance of talking to their kids about Rx misuse and developing resistance strategies
- * Parents felt more equipped to have conversations with their kids about Rx misuse and developing resistance strategies

Law Enforcement

- * Awareness of the Rx problem increased
- * Beliefs that law enforcement officers play an important role in prescription drug diversion increased
- * Knowledge of specific information around Rx fraud investigation procedures increased

Lessons Learned

- PDMP needs improvement
 - * Not real-time
 - Online sign-up an improvement but mandatory tutorial still a roadblock
 - Physicians asking for ability to have office designee
- * Reimbursement/Patient Satisfaction issue in ED
- * Need for Community Prescriber Guidelines
- Need for Patient Education
- Referral to Tx methods challenging
- * RMS systems presenting challenges for systematic Rx crimes flagging system

Next Steps

- * Patient Education (e.g., alternatives, adherence to Tx, pain expectations, contracts)
- * PCP and Community Prescriber Guidelines (March summit)
- Prescriber Training Modules
- Referral to Tx process
- * Addressing unintended consequences
 - * Pharmacy/Prescriber Communication
 - * Dysphoria and Desperation
 - * Shift to Heroin
- * Curriculum piece for Pharmacy and Medical student training
- * Continued endorsement of Boards and Professional Organizations
- * Legislation Office Designee; Good Samaritan Law
- * New Counties and intended statewide plan

What Can You Do?

- * Public awareness & education
- Engagement with local substance abuse coalitions
- * Integrate into school health, injury prevention, worksite wellness, home visiting, WIC
- * Chronic disease self-management
- * Encourage prescribers to utilize PDMP
- Work with local law enforcement to secure permanent drop box locations

Contacts

For additional information, please visit our website http://www.azcjc.gov/acjc.web/rx/default.aspx or contact:

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